



New Hampshire Continuing Education PROVIDER CONTACT FORM

This form is required of all New Providers
Please submit the completed form and "NH Continuing Education Course Application" to:
NH Insurance Department
Continuing Education
21 South Fruit St Ste 14
Concord NH 03301
For questions, please call 603-271-0203

September 2011

Provider Name _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Business Phone _____

Business address (If different from above)

Street _____ City _____ State _____ Zip _____

Website _____

Contact Info:

Name _____

Title _____

Phone _____ Fax _____ Email _____

Alternative Contact:

Name _____

Title _____

Phone _____ Fax _____ Email _____

Please select from options provided:

Professional /Proprietary

Insurance Company

College/University

Other (specify) _____